

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2002

RE: MDR Tracking #: M2-02-0792-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 36-year-old male sustained a work related injury on ___ when he injured his right shoulder while carrying a pipe that weighed 200 pounds. The patient has undergone x-rays, magnetic resonance imaging, physical therapy, injection therapy, surgery to his right shoulder, medications and a work hardening program. The treating physician has recommended that the patient undergo a chronic pain management program five times per week for a total of ten additional sessions.

Requested Service(s)

Chronic Pain Management Program five times per week for 10 sessions.

Decision

It has been determined that the Chronic Pain Management Program five times per week for a total of ten additional sessions is not medically necessary.

Rationale/Basis for Decision

Review of the documentation submitted did not identify sufficient information to substantiate that there would be any significant improvement to be gained from continuation of the current pain management program. At this point, a home program can be advocated. However, it should be noted that this patient continues to rate his pain at 8 or 9 on a scale of 0-10. The etiology of the shoulder pain should be addressed aggressively, i.e., evaluation by an orthopedic surgeon specializing in shoulders, to determine if there is something specific within the shoulder that is causing this degree of pain and if it can be corrected. Therefore, based on the documentation submitted for review, the chronic pain management program five times per week for a total of 10 additional sessions is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,